

NAME: \_\_\_\_\_ SSN: \_\_\_\_\_

# MID COLUMBIA HOUSING AUTHORITY

312 Court St., Suite 419  
The Dalles, Oregon 97058  
Telephone (541) 296-5462 FAX (541) 296-8570  
Toll Free: (888) 356-8919  
Deaf Community Relay: OR (800) 735-1232  
WA (800) 833-6384

## HOME PROGRAM REFERRAL/APPLICATION PACKET

---

**Si solamente habla y lee español, por favor de llama a  
la oficina (541) 296-5462.**

The Home Tenant-Based Rental Assistance Program (HTBA-Wasco, Hood River and Sherman counties in Oregon and HTBRA-Klickitat and Skamania counties in Washington) is temporary rental assistance for up to two years. Rental assistance is available to individuals and families in Mid-Columbia Housing Authority's service area who have a gross annual income below 50% of the median income for county and household size and who are HOMELESS or AT-RISK OF HOMELESSNESS.

Applications are accepted on a referral basis from a social service provider when funds are announced and during the application period only. A waiting list is not maintained for HTBA/HTBRA funds. Applicants will be considered in order of date and time received.

For the Washington HTBRA program, date and time being equal, preference will be given to the following populations in order of preference:

1. Foster children, ages 18-20, transitioning to independence.
2. Chronically mentally ill, developmentally disabled, elderly, or other special needs population, like people with AIDS and/or recovering from alcohol or substance abuse.
3. Farm workers who are seeking permanent year-around rental housing.
4. Households transitioning to self-sufficiency especially those in TANF, Welfare to Work or Work First.

The HTBA/HTBRA program is a self-sufficiency program. The program requires participants to engage in case management, work with the program coordinator and local social service agencies to stabilize and improve their situations, and be working towards self-sufficiency and permanent housing.

1. **Complete the entire application packet:** Section "A" is to be completed by the referring agency; the remaining parts of the application are to be completed by the applicant. Please do not leave any blank spaces or leave out information.
2. **Return the completed application packet:** In person or by mail to; Mid-Columbia Housing Authority, 312 Court St Suite 419, The Dalles, OR 97058 or by fax to (541) 296-8570.

Date Received:	Time Received:
-------------------	-------------------



NAME: \_\_\_\_\_ SSN: \_\_\_\_\_

4. **Race and Ethnicity of Head of Household:** (Optional—This information is being collected to assure compliance with fair housing and equal opportunity rules.)

**Ethnicity:** \_\_\_\_\_ Hispanic \_\_\_\_\_ Non-Hispanic  
**Race:** \_\_\_\_\_ African-American \_\_\_\_\_ Native American  
\_\_\_\_\_ Caucasian \_\_\_\_\_ Pacific Islander  
\_\_\_\_\_ Asian \_\_\_\_\_ Alaska Native

5. **Services:** Please describe the services that are currently being provided to the household.

6. **Is the household receiving any RENTAL assistance?**

no  
 yes (please specify source: \_\_\_\_\_)

**ANSWER THE FOLLOWING QUESTIONS IN THE SPACE PROVIDED.**

Please list some of the steps the household is taking (or will be taking) to achieve independent, stable living.

Does the head of household or any other household member owe money to another Housing Authority? Yes/No

If yes, name of Housing Authority and location: \_\_\_\_\_

Has the applicant or any household member used any other name other than that listed above? Yes/No

If yes, please explain: \_\_\_\_\_

Has the head of household or any other household member **ever** been convicted of drug or criminal activity? Yes/No

If yes, who \_\_\_\_\_ where \_\_\_\_\_ when \_\_\_\_\_ what \_\_\_\_\_

Has the head of household or any other household member **ever** been evicted for drug or criminal activity? Yes/No

If yes, who \_\_\_\_\_ where \_\_\_\_\_ when \_\_\_\_\_ what \_\_\_\_\_

**Applicant Certification:** I/We hereby certify that the information given to Mid-Columbia Housing Authority/Columbia Gorge Housing Authority on this application is true and accurate to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal Law. I/We also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy.

I understand that the above information is collected to determine if I am eligible to receive rental assistance and that the referring agency is making a referral on my behalf. I authorize the Program Coordinator to verify all information provided on this application and I authorize the Program Coordinator and the referring agency to discuss my household as it pertains to the HTBA/HTBRA program.

**Applicant signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Referring Agency:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Incomplete applications will not be accepted.  
Please write legibly.**